

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39558
Do not use this space.

DEC 13 1937
PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1003
(c) City..... (d) Street No. DEACONESS HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **JOHN F. HECHT**

(a) Residence, No. 3131A BLAIR AVE St. 26 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

SEX **MALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MARRIED**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **JOSEPHINE HECHT**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MAR. 26, 1860**
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
77 7 15
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. **COM. LABORER**
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

2. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

13. NAME **HENRY HECHT**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

15. MAIDEN NAME **UNKNOWN**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

INFORMANT **JOHN HECHT**
(ADDRESS) **3312 BLAIR AVE**

BURIAL, CREMATION, OR REMOVAL PLACE **ELMONT, MO** DATE **NOV. 14, 1937**

FUNERAL DIRECTOR (ADDRESS) **2328 N. Locust Ave**
Geo. F. Goodhart

NOV 13 1937 Local Registrar. **Geo. Bredeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 11**, 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 9**, 1937, to **Nov 11**, 1937

I last saw him alive on **Nov 11**, 1937. Death is said to have occurred on the date stated above, at **11 a.m.**
The principal cause of death and related causes of importance were as follows:

Chronic Hemorrhage Date of onset
Other contributory causes of importance:
Serumitis, Auto-sclerosis

Name of operation **None** Date of.....
What test confirmed diagnosis? **Chronic** Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify..... (Signed) **P. B. Cappel**, M. D.
(Address) **3239 Spruance**

STATEMENT BY LICENSED EMBALMER

I, Charles Goodhart

Licensed Embalmer No. 2777

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Charles Goodhart

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed Charles Goodhart

Licensed Embalmer No. 2777

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)